

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8564	2. Fiscal Year Covered From: 11/1/2004 Through 12/31/2004
3. Name and address of person filing.	
Name Sharon R Pinnocke	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 500-002
Street 3535 S. 16th St.	P.O. Box, Building and Room Number, if any
City Arlington	Street 80 F St., NW
State Virginia , ZIP Code + 4 22204	City Washington
5. Position in labor organization. Director of Membership & Organization Department	State District of Columbia , ZIP Code + 4 20001

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name _____	
Trade Name, if any: _____	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street _____	
City _____	
State _____ ZIP Code + 4 _____	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Sharon R Pinnocke

On **8/12/05** Date **202/639-6403** Telephone Number

Name of Person Filing	<i>Sharon R. Pinnoch</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>5. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>6. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: <i>Wilson Center</i></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <i>8240 Professional Place</i></p> <p>City: <i>Hyattsville</i></p> <p>State: <i>Maryland</i> ZIP Code + 4: <i>20785</i></p>	<p>14.a. Nature of payment.</p> <p><i>gift basket</i></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><i># 117.45</i></p>